

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/464,795	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65		/		/
16							66		/		/
17							67		/		/
18							68		/		/
19							69		/		/
20							70		/		/
21							71		/		/
22							72		/		/
23							73		/		/
24							74		/		/
25							75		/		/
26							76		/		/
27							77		/		/
28							78		/		/
29							79		/		/
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38			/		/		88				
39			/		/		89				
40			/		/		90				
41			/		/		91				
42			/		/		92				
43			/		/		93				
44			/		/		94				
45			/		/		95				
46			/		/		96				
47			/		/		97				
48			/		/		98				
49			/		/		99				
50			/		/		100				
TOTAL IND.			6		1		TOTAL IND.				
TOTAL DEP.			22		10		TOTAL DEP.				
TOTAL CLAIMS			28		11		TOTAL CLAIMS				